

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Stanton Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 89 Days
Specify whether
In this community _____
years, months or days

3. (a) PRINT FULL NAME

William Geisendorfer

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased 9 (Month)

14 (Day) 1866 (Year)

8. AGE:

Years 80 Months 3 Days 10

If less than one day _____ hr. _____ min.

9. Birthplace Pittsfield (City, town, or county)

Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George L. Geisendorfer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Martha Hooker

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edward Geisendorfer

(b) Address Levin Town, Mo.

17. (a) Remove (Burial, cremation, or removal)

(b) Date thereof 1-26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Pittsfield Ill

18. (a) Signature of funeral director W. Marshall

(b) Address Carrollton, Mo.

19. (a) 1-25-41 (Date received local registrar)

(b) John Haskins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Carrollton, Mo. R.R. #3 (If rural, give location)
(e) If foreign born, how long in U. S. A. 1941 years

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 19 40 Jan 24 19 41 that I last saw him alive on January 24 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency Duration ?

Due to infirmitie old age

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None PHYSICIAN None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

(Specify type of place) While at work (e) Means of injury None

23. Signature P. Hamilton (P. or other) None

Address Carrollton, Mo Date signed Jan 25 41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No.

2575

P. O. Address

Carrollton, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.